

Application Form



NOTE:

In order to correctly complete this application form you must be aware of the grant program guidelines, see "Program Description, Guidelines & Administrative Rules" section, follow the instructions provided at "Application Preparation & Instructions."

Fields are fixed in this online form; see page 25 in the Instructions section for alternate options to complete the application form.

Use the "Checklist" on page 52 in the Instructions section prior to submitting your project application.

APPLICATION FORM

un-numbered pages

Applicant Identification

Project Proposal Narrative

Budget Summary

Budget and Financial Considerations

Related Evaluation Factors

Check Payee Form

[Letter of Commitment inserted by applicant]

Records to Be Microfilmed Form/s, if appropriate to project

Reader/Printer Request Form, if appropriate to project

[Identification of services and products inserted by applicant]

[Floor plan &/or appropriate additions/other relevant information inserted by applicant]

[Project Personnel Resumes inserted by applicant]

[Applicable additions or other relevant information/materials inserted by applicant]

Electronic Fund Transfer Form, if appropriate



Missouri Secretary of State

Local Records Preservation Program FY 2007 Grant Application

*James C. Kirkpatrick State Information Center
PO Box 1747, Jefferson City, MO 65102*

State Senate District:

State House District:

Applicant Agency:

County:

Agency Head Name, Title:

Address:

Telephone:

Fax:

E-mail:

Federal Employer Identification Number (FEIN):

Would you like your funds electronically deposited? ☐ YES ☐ NO

Authorizing Agency (if different from above):

Authorizing Official Name, Title:

Address:

Telephone:

Fax:

E-mail:

Primary Project Contact Name, Title:

Address:

Telephone:

Fax:

E-mail:

Application Prepared by (Name, Title):

Address:

Telephone:

Fax:

E-mail:

Date:

FY07 Project Proposal Narrative

1. Statement of Purpose

2. Project Summary

3. Detailed Timeline and Work Plan

4. Project Objectives

5. Evaluation of Project Results

FY07 Budget Summary

Budget Category	Grant Funds	Cash Match (Local match must be at least 30% of the project subtotal below)	In-Kind	TOTAL		
Personnel	_____	_____	_____	_____		
Supplies	_____	_____	_____	_____		
Travel	_____	_____	_____	_____		
Vendor	_____	_____	_____	_____		
Consultant	_____	_____	_____	_____		
Other: Specify	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
Shelving (Standard Metal)	_____	_____	_____	_____		
Subtotals	_____	_____	_____	_____		
	(70% maximum)	+	(10% minimum)	+	=	(100%)

Equipment: Specify	50% GRANT funds maximum	50% CASH match minimum				
_____	_____	_____				_____
_____	_____	_____				_____
_____	_____	_____				_____
Subtotals	_____	_____				_____
						Equipment total

Grant Funding Requested/Awarded		Complete Project Cost:				
_____		_____				

Certification of Authority to Secure and Encumber Project Funds

Printed Name/Title of Authorizing Official

Signature of Authorizing Official

Date

FY07 Budget and Financial Considerations

6. Budget Detail, Explanation, and Justification

7. Funding Source

8. Interest-bearing Account Information

9. Accounting Methods and Audit Procedures

FY07 Related Evaluation Factors

10. Statement of Previous Actions

11. Impact of this Project and its Importance in Terms of Long-Range Planning

12. Future Records Management and Preservation Actions

SUPPORT MATERIAL ARRANGED IN THIS ORDER

- ***Required*** *Grant Payment Payee* form
- ***Required*** Letter of funding commitment and local match
- ***Required When Appropriate*** *Records to be Microfilmed* form/s
- ***Required When Appropriate*** *Reader/Printer or Scanner Request* form
- ***Required When Appropriate*** Identification of services, floor plans, equipment, supplies, etc. with cost documentation
- ***Required When Appropriate*** Floor plan/s
- ***Required*** Resumes of project personnel, consultant, volunteers, etc.
- ***Required When Appropriate*** Applicable additions or other relevant information/materials
- ***Optional Electronic Fund Transfer*** form– Complete only one form and attach it to the original application

Missouri Secretary of State
Local Records Preservation Program
FY 2007 GRANT PAYMENT PAYEE FORM

This form identifies: 1.) The local government agency/institution/organization to which grant payment will be made. 2.) The individual designated to receive mailed Local Records grant payment documentation, and when appropriate grant checks if electronic direct deposit is not requested.

Payment Payee Information:

1. List the name and address of the payment payee – DO NOT INCLUDE AN INDIVIDUAL'S NAME , **only the name and address of the local government agency to which the payment must be made.**

AGENCY:

ADDRESS:

Address, city, zip

2. Please indicate the individual to whom grant payment documentation should be mailed. This person may be the project contact, or other designated individual representing the applicant or authorizing agency. **A paper check, if requested, and other payment information will be mailed directly to this individual.**

NAME/TITLE:

ADDRESS:

Address, city, zip

TELEPHONE:

Missouri Secretary of State
Local Records Preservation Program
FY 2007 Grant Application
Records to be Microfilmed

This form **must** accompany a microfilming grant application. **Provide one form for each record series.**

LIST ABOVE RETENTION MANUAL DATE, TITLE, AND PAGE OR ENTRY NUMBER OF THIS PERMANENT SERIES

Office of Origin: _____

Records Series Title: _____

Inclusive Dates: _____

Arrangement: _____

Information Content: _____

Format

- ☐ Bound volumes
- ☐ Loose leaf files
- ☐ Continuous computer paper
- ☐ Aperture cards

Quantity

- ☐ Number of volumes: _____
- ☐ Estimate number of pages per volume: _____
- ☐ Estimate number of loose leaf pages: _____
- ☐ Estimate number of aperture cards: _____ Images per card: _____

Size(s)

- ☐ 5 x 7
- ☐ 8½ x 11
- ☐ 8½ x 14
- ☐ 11 x 17
- ☐ Other: (Describe / Explain) _____

Pages per 35mm frame:

- ☐ 1
- ☐ 2 (Requires Local Records approval)
- ☐ Other: (Describe / Explain) _____

Additional Information: _____

Missouri Secretary of State
Local Records Preservation Program
FY 2007 Grant Application
Reader/Printer or Scanner Request Form

1. Do you currently have records on microfilm reels or fiche?
- ☐ NO
 - ☐ YES
2. If Yes, How many reels of film do you currently have and what size film is it?
Quantity of Fiche?
- ☐ _____ 35mm _____ 16mm REELS
 - ☐ _____ FICHE _____
3. How often (select a time period) is the microfilm, or original records, used and what is the estimated number of searches completed?
- ☐ Daily _____
 - ☐ Weekly _____
 - ☐ Monthly _____
4. What type of reader/printer/scanner equipment are you requesting?
- ☐ Analog Reader/Printer
 - ☐ Digital Reader/Printer
 - ☐ Reader/Scanner
 - ☐ Other (identify/describe): _____
5. **IF** you have microfiche records, will you need a microfiche attachment??
- ☐ NO
 - ☐ YES
6. Will you need a workstation for this desired equipment?
- ☐ NO
 - ☐ YES
7. Vendor Reader/Printer Specifications and Costs, including any costs for delivery, installation and training, must be included as an support attachment. ***Grant project funds or local match cannot be used for the purchase of maintenance contracts.***

NOTE:

At various times, state or federal contract purchase of equipment is available to local governments. Contact the State of Missouri Cooperative Purchasing Program at Phone: 573-751-2387 or E-mail: purchmail@mail.state.mo.us . Federally contracted equipment is available through the GSA; check with your vender for this option.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR ACH/EFT APPLICATION

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE) INSTRUCTIONS ON REVERSE SIDE

DESCRIPTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		
TAXPAYER ID TYPE (CHECK ONE) <input type="checkbox"/> 1 = FED BUS ID <input type="checkbox"/> 2 = SSN	TAXPAYER ID NUMBER	VENDOR NUMBER (11 DIGITS)
VENDOR NAME (30 CHARACTERS MAXIMUM)		LEGAL NAME OF ENTITY OR INDIVIDUAL (30 CHARACTERS MAXIMUM)
ADDRESS		TELEPHONE NUMBER WITH AREA CODE
CITY	STATE	ZIP CODE

SECTION B: TO BE COMPLETED BY STATE EMPLOYEE ONLY (OTHER VENDOR SKIP THIS SECTION)

HOME ADDRESS	HOME PHONE NUMBER
CITY	STATE
	ZIP CODE

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE)

FINANCIAL INSTITUTION NAME	IF CHANGE PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME
FINANCIAL INSTITUTION ADDRESS	FINANCIAL INSTITUTION TELEPHONE NUMBER
CITY	STATE
	ZIP CODE
DEPOSITOR ROUTING NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ROUTING NUMBER
DEPOSITOR ACCOUNT NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ACCOUNT NUMBER
DEPOSITOR ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	

SECTION D: FINANCIAL INSTITUTION CERTIFICATION

I certify that the above Depositor Routing Number and Depositor Account Number to be true and accurate for the Vendor.

FINANCIAL INSTITUTION NAME	AUTHORIZED SIGNATURE	DATE
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SECTION E: VENDOR AUTHORIZATION

☐ I (we) hereby authorize the State of Missouri, to initiate credit entries to my (our) account indicated above at the depository financial institution named above, and to credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the State of Missouri, Office of Administration has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.

☐ I (we) hereby cancel my/our ACH/EFT authorization.

AUTHORIZED VENDOR REPRESENTATIVE OR STATE EMPLOYEE SIGNATURE	DATE
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SECTION F: STATE AGENCY USE ONLY

I have reviewed the Vendor information for completeness and accuracy

AUTHORIZED AGENCY SIGNATURE	DATE	TELEPHONE NUMBER
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SECTION G: OFFICE OF ADMINISTRATION USE ONLY

I have reviewed and entered the above information

SIGNATURE	DATE	VERIFICATION SIGNATURE	DATE
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